

# Instructions For Completing The Application Face Sheet And Budget Summary

## General Instructions for Scannable Forms

To facilitate the application process, the Federal TRIO Programs converted several required forms to a scannable format. Applicants are requested to adhere strictly to the instruction provided below. *Failure to follow the instruction will delay the processing of your application and may require you to resubmit the forms.*

Two scannable forms are included with this application package:

- Section A – Ronald E. McNair Postbaccalaureate Achievement Program Face Sheet
- Section B – Budget Summary: U. S. Department of Education Requested Funds

The Ronald E. McNair Postbaccalaureate Achievement Program Face Sheet must be included as the first page of your application submission.

If you need additional application packages, please send a written request to the Federal TRIO Programs at the address provided.

Federal TRIO Programs  
U.S. Department of Education  
600 Independence Avenue, SW  
The Portals Building, Suite 600 D  
Washington, DC 20202-5249  
Fax: (202) 401-6132  
E-mail: [trio@ed.gov](mailto:trio@ed.gov)

The application is available on the internet at <http://www.ed.gov/offices/OPE/OHEP/hepss/>

You are encouraged to submit your application in typewritten form. However, if your organization does not have access to typewriters, instructions and examples for handwritten submissions are provided.

The blue-and-white forms included in this application package will be **read by a scanner**. Therefore, please follow the general instructions for completing the forms carefully. If the instructions are not followed, the information will be read inaccurately.

**Use of a standard typewriter for this page is preferred so that the information on this page can be scanned. If no typewriter is available, handwritten forms are accepted.**

**Do not send a photocopy of this form.** Two copies have been included in this package for your use, but only **one** copy should be submitted with the original copy of your application. Also, **do not put holes in or bind these scannable forms.**

Type inside the blue boxes **only**. You may type over the blue text where there is blue text inside the boxes.

Please do not use dollar sign, commas, or decimals. Please round all dollar amounts to the whole dollar.

Date fields must follow the MM/DD/YYYY format, e.g., 10/01/1999.

## Part I -- Application Face Sheet

The following are specific instructions for completing the scannable application face sheet. See also the earlier section entitled "General Instructions for Scannable Forms".

1. **Legal Name of Applicant:** Please provide the legal name of the applicant institution. If the applicant is a combination of IHEs, indicate the legal name of the institution designated as fiscal agent for the grant.
2. **Organizational Unit:** Please indicate the name of the primary organizational unit which will house the Ronald E. McNair Postbaccalaureate Achievement program.
3. **Campus:** Self-explanatory
4. **Mailing Address:** Enter the complete mailing address of the institution which will serve as legal applicant (fiscal agent). **Grant award notifications and all official correspondence from the U.S. Department of Education are sent to this address. Therefore, it is important to provide complete and accurate information.**
5. **Contact Person:** Enter the name, title, telephone number and extension, FAX number, and E-mail (Internet) address, if available, for the person to contact on matters related to this application.
6. **PR/Award Number:** ***CURRENT GRANTEES ONLY*** Applicants currently funded under the Ronald E. McNair Postbaccalaureate Achievement program (FY 1995 - FY 1999) should provide their current grant award number. This number is found in block 4 of the Grant Award Notification, and will begin with P217A50. **New applicants should leave this item blank.**
7. **D-U-N-S No.:** Please provide the applicant's D-U-N-S number. Obtain a D-U-N-S Number at no charge by calling 1-800-333-0505 or by completing a D-U-N-S Number Request Form. The form can be accessed via the Internet at the following URL:  
*<http://www.dnb.com/dbis/aboutdb/dunsform.htm>*
8. **Proposed Number of Participants:** Enter the proposed number of participants to be served **during Year 1** by the project. **Two-thirds** of the proposed participants must be **both** low-income and first-generation college students. The **remaining one-third** must be members of a group that is underrepresented in graduate education.

**The following definitions apply to the above:**

**Low-income individual:** An individual whose family's **taxable income** did not exceed 150 percent of the poverty level amount in the calendar year preceding the year in which the individual initially participates in the project. The poverty level amount is determined by using the criteria of poverty established by the Bureau of the Census of the U.S.

Department of Commerce. (See the "Annual Low-Income Level Chart" elsewhere in this booklet.)

**First-generation college student:** A person neither of whose parents received a bachelor's degree. If a student regularly resides and receives support from only one parent, the student qualifies as a first-generation college student if that parent did not receive a baccalaureate degree.

**Groups underrepresented in graduate education.** The following ethnic and racial groups are currently underrepresented in graduate education: Black (non-Hispanic), Hispanic, and American Indian/Alaskan Native.

9. **Is Application Subject to Review by State Executive Order 12372 Process:**  
Applicants should contact the appropriate state Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Check the appropriate box.
10. **OPE ID Number:** Enter the six digit OPE Title IV Institution Code. This number is used by the applicant institution to process student loans. Information regarding this number is available in the OPE Title IV Institution Code Directory and is also accessible on the world wide web: <http://www.ed.gov/offices/OPE/tiv/tiv.html>
11. **Type of Applicant:** Select one category that best describes the applicant.
12. **Estimated Funding Provided by:** Amount requested or to be contributed during the **first funding/budget period only** by each contributor. Applicant and other in-kind contributions should be included on appropriate lines as applicable.
13. **Federal Debt Delinquency:** This question applies to the applicant institution, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes. Check the appropriate box.
14. **Authorized Signature:** Provide the name, title, telephone number and extension of the authorized representative of the applicant, and the date signed. The representative should sign in the area furnished. A copy of the governing body's authorization that recognizes the signer of this application as an official representative of the applicant must be on file in the applicant's office.

## Part I I -- Budgetary Documents

### Section A -- Budget Summary (Scannable)

See the scannable budget form entitled Section A, "Budget Summary: U.S. Department of Education Requested Funds," as well as the preceding section entitled "General Instructions for Scannable Forms".

1. **Legal Name of Applicant:** Enter information from item number **1** of the application face sheet.
2. **Campus:** Enter information from item number **3** of the application face sheet.
3. **D-U-N-S No.:** Enter information from item number **7** of the application face sheet.
4. **OPE ID Number:** Enter information from item number **10** of the application face sheet.
- A. **Personnel:** Enter project personnel salaries and wages for both full and part-time employees.
- B. **Fringe Benefits:** The institution's normal fringe benefit contribution may be charged to the program. If benefits exceed twenty percent (**20%**), an explanation and justification must be provided.
- C. **Travel:** Travel of employees and participants should be included in this category.
- D. **Supplies:** Show all tangible personal property anticipated for purchase from federal funds.
- E. **Other:** Indicate all direct costs not covered on lines A-D or H-J. Examples are: equipment rental, consultant costs, and communication costs.
- F. **Total Direct Costs:** The sum of lines A-E. This is the modified total direct cost base.
- G. **Indirect Costs:** Indirect costs are limited to eight percent (**8%**) of the modified total direct cost base -- see 34 CFR 75.562(c).
- H. **Federal Stipends:** Include student stipends. See the program regulations, 34 CFR 647.30(b) which establishes stipend amounts.
- I. **Tuition:** For students engaged in research internships during the summer only.
- J. **Room and Board:** For students engaged in research internships during the summer only.
- L. **Total Costs:** This should equal the sum of lines F through J. This amount should also be equal to item **12a** on the application face sheet.